

DEPARTMENT OF HOMELAND SECURITY U.S. COAST GUARD CG-5136E-3 (03-03)	POLLUTION INCIDENT DAILY RESOURCE REPORT	CONTRACTOR/ SUBCONTRACTOR MATERIALS/OTHER EXPENSES Page ____ of ____ (RCN-16451-1)
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FPN/CERCLA NUMBER _____
DATE _____

CONTRACTOR: _____
PO/CONTRACT NO: _____

If information described below is documented separately, in a form or format previously reviewed and found acceptable by the National Pollution Funds Center and the Contracting Officer, this form need not be completed.

SUBCONTRACTORS

Were any subcontractors hired? YES ☐ NO ☐ If yes, list them below and attach subcontractor Daily Reports

CLIN	SUBCONTRACTOR'S NAME	COST	ADMIN FEE	TOTAL COST

TOTAL COST OF SUBCONTRACTORS FOR THIS DATE: _____

MATERIALS USED/OTHER EXPENSES

CLIN	DESCRIPTION	UNITS	UNITS USED	UNIT COST	OFFICE USE

TOTAL COST OF MATERIALS USED/OTHER EXPENSES FOR THIS DATE: _____

CONTRACTOR'S CERTIFICATION:

I certify that this report is a true and complete record of the materials, labor, equipment and subcontractors provided by the contractor on the date listed above for the project number cited above:

Contractor's Authorized Representative

ON SCENE COORDINATOR'S/LEAD TRUSTEE'S REVIEW:

I certify that inspection and acceptance of the listed items has been made by me or under my supervision, except as noted herein or on supporting documents.

FOSC/Lead Trustee

POLLUTION INCIDENT DAILY RESOURCE REPORT -- CG-5136E-3 **CONTRACTOR/SUBCONTRACTOR/MATERIALS/OTHER EXPENSES**

This form should be completed by the contractor for costs incurred by subcontractors, and for materials and other expenses for each day of removal activities.

How to complete form:

1. **FPN/CERCLA Number:** The FPN OR CERCLA case number assigned to the incident.
2. **Date:** Report the date costs were incurred.
3. **Contractor:** Name of contractor. Indicate if supporting documentation is attached.

Subcontractors

Indicate whether subcontractors were hired. If marked Yes, complete the remainder of the subcontractors section and attach copies of the subcontractor's Daily Resource Reports. Subcontractors should complete CG-5136E (1-3) or CG-5136E-EZ forms as applicable.

4. **CLIN:** The applicable contract line item number.
5. **Subcontractor's Name:** Name of the Subcontractor.
6. **Cost:** Costs incurred by the subcontractor for this date.
7. **Admin. Fee:** Fee charged for administering the subcontractor.
8. **Total Cost:** The sum of subcontractor costs and administration costs.
9. **Total Cost Of Subcontractors For This Date:** The sum of the amount entered in the Total Cost column.

Materials Used/Other Expenses

10. **CLIN:** The applicable contract line item number.
11. **Description:** Description of material or item used or purchased.
12. **Units Used:** Units of material or items used or purchased.
13. **Unit Cost:** Cost per unit.
14. **Total Cost:** Units used multiplied by the Unit Cost.
15. **Total Cost Of Materials Used/Other Expenses For This Date:** The sum of the amount entered in the Total Cost column.
16. **Subcontractor's Name:** Name of the subcontractor.
17. **Contractor's Certification:** Contractor's certification of the validity of the information presented.
18. **FOSC/Trustee Signature:** Certification by FOSC/Lead Trustee. The FOSC certifies that the items listed were authorized for the date reported. **The FOSC does not certify contract rates or costs.**